

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2007

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

B Check if applicable

 Address change Name change Initial return Final return Amended return Application pendingC Name of organization
Chamber of Commerce of the USANumber and street (or P O box if mail is not delivered to street address)
1615 H Street NWRoom/suite
City or town, state or country, and ZIP + 4
Washington, DC 200622000

D Employer identification number

53-0045720

E Telephone number

(202) 463-5590

F Accounting method Cash Accrual Other (specify) ►

* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: ► www.uschamber.com

J Organization type (check only one) ► 501(c) (6) ► (insert no) 4947(a)(1) or 527K Check here ► if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 120,819,397

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates ►

H(c) Are all affiliates included? Yes No
(If "No," attach a list See instructions)H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ►

M Check ► if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1	Contributions, gifts, grants, and similar amounts received			
a	Contributions to donor advised funds	1a		
b	Direct public support (not included on line 1a)	1b	110,251,943	
c	Indirect public support (not included on line 1a)	1c	2,346,769	
d	Government contributions (grants) (not included on line 1a)	1d		
e	Total (add lines 1a through 1d) (cash \$ 112,598,712 noncash \$ _____)	1e	112,598,712	
2	Program service revenue including government fees and contracts (from Part VII, line 93) .	2	1,350,399	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	603,177	
5	Dividends and interest from securities	5		
6a	Gross rents	6a	877,807	
b	Less rental expenses	6b	337,735	
c	Net rental income or (loss) subtract line 6b from line 6a	6c	540,072	
7	Other investment income (describe ►)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b	Less cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8c		
9	Special events and activities (attach schedule) If any amount is from gaming, check here ►			
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events Subtract line 9b from line 9a	9c		
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c		
11	Other revenue (from Part VII, line 103)	11	5,389,302	
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	120,481,662	

13	Program services (from line 44, column (B))	13		
14	Management and general (from line 44, column (C))	14		
15	Fundraising (from line 44, column (D))	15		
16	Payments to affiliates (attach schedule)	16		
17	Total expenses Add lines 16 and 44, column (A)	17	110,770,577	
18	Excess or (deficit) for the year Subtract line 17 from line 12	18	9,711,085	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	-12,622,903	
20	Other changes in net assets or fund balances (attach explanation) ►	20	-6,051,457	
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	-8,963,275	

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	5,524,383		
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	229,163		
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	36,651,186		
27	Pension plan contributions not included on lines 25a, b and c	27	6,728,728		
28	Employee benefits not included on lines 25a - 27	28	4,858,334		
29	Payroll taxes	29	2,952,641		
30	Professional fundraising fees	30	771,818		
31	Accounting fees	31	271,750		
32	Legal fees	32	945,955		
33	Supplies	33	537,559		
34	Telephone	34	1,253,535		
35	Postage and shipping	35	1,349,292		
36	Occupancy	36	3,837,755		
37	Equipment rental and maintenance	37			
38	Printing and publications	38	1,222,817		
39	Travel	39	7,948,609		
40	Conferences, conventions, and meetings	40	4,570,638		
41	Interest	41	2,180,379		
42	Depreciation, depletion, etc (attach schedule) <input checked="" type="checkbox"/>	42	2,711,271		
43	Other expenses not covered above (itemize)	43a			
a	See Additional Data Table	43b			
b		43c			
c		43d			
d		43e			
e		43f			
f		43g			
g					
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	110,770,577		

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ►	<p>The Chamber of Commerce serves its members and the nation's business community by analyzing national economic and social issues and by helping legislators and national leaders to shape policies and proposals to foster the development of American business</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>
a Research and track issues affecting the business community and support pro-business legislation, regulations, and political activities	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
(Grants and allocations \$)	If this amount includes foreign grants, check here ► <input type="checkbox"/>
b Enhance the competitiveness of business in the global marketplace. Lobby for business' trade agendas and manage programs that educate American companies about trade opportunities	
(Grants and allocations \$)	If this amount includes foreign grants, check here ► <input type="checkbox"/>
c Work closely with associations and state and local chambers of commerce to build awareness of and involvement in top policy issues and generate grassroots momentum	
(Grants and allocations \$)	If this amount includes foreign grants, check here ► <input type="checkbox"/>
d Recruit and retain members and coordinate member relations	
(Grants and allocations \$)	If this amount includes foreign grants, check here ► <input type="checkbox"/>
e Other program services (attach schedule) (Grants and allocations \$)	If this amount includes foreign grants, check here ► <input type="checkbox"/>
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	

Part IV Balance Sheets (See the instructions.)

Note:	<i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.</i>	(A) Beginning of year		(B) End of year
45	Cash—non-interest-bearing	3,552,018	45	14,631,074
46	Savings and temporary cash investments	18,667,255	46	22,472,083
47a	Accounts receivable	47a 1,179,315		
b	Less allowance for doubtful accounts	47b	944,716	47c 1,179,315
48a	Pledges receivable	48a 30,974,288		
b	Less allowance for doubtful accounts	48b 2,410,000	27,843,741	48c 28,564,288
49	Grants receivable		49	
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B)) (attach schedule)		50b	
51a	Other notes and loans receivable (attach schedule)	51a		
b	Less allowance for doubtful accounts	51b		51c
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	917,801	53	614,471
54a	Investments—publicly-traded securities ► Cost <input checked="" type="checkbox"/> FMV	163,857	54a	304,752
b	Investments—other securities (attach schedule) ► Cost <input type="checkbox"/> FMV		54b	
55a	Investments—land, buildings, and equipment basis	55a		
b	Less accumulated depreciation (attach schedule)	55b		55c
56	Investments—other (attach schedule)		56	
57a	Land, buildings, and equipment basis	57a 42,776,211		
b	Less accumulated depreciation (attach schedule)	57b 30,023,293	12,448,791	57c <input checked="" type="checkbox"/> 12,752,918
58	Other assets, including program-related investments (describe ► _____)		58	
59	Total assets (must equal line 74) Add lines 45 through 58	64,538,179	59	80,518,901
60	Accounts payable and accrued expenses	17,342,568	60	17,450,719
61	Grants payable		61	
62	Deferred revenue	620,890	62	238,180
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)	22,625,433	64b <input checked="" type="checkbox"/>	27,127,848
65	Other liabilities (describe ► _____)	36,572,191	65 <input checked="" type="checkbox"/>	44,665,429
66	Total liabilities Add lines 60 through 65	77,161,082	66	89,482,176
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	Unrestricted	-51,462,562	67	-59,815,020
	Temporarily restricted	38,839,659	68	50,851,745
	Permanently restricted		69	
Net Assets or Fund Balances	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74			
	Capital stock, trust principal, or current funds		70	
	Paid-in or capital surplus, or land, building, and equipment fund		71	
	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	-12,622,903	73	-8,963,275
74	Total liabilities and net assets / fund balances Add lines 66 and 73	64,538,179	74	80,518,901

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	159,628,625
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	12,820
2	Donated services and use of facilities	b2	198,688
3	Recoveries of prior year grants	b3	
4	Other (specify) <input checked="" type="checkbox"/>	b4	48,597,627
	Add lines b1 through b4		
c	Subtract line b from line a	b	48,809,135
d	Amounts included on Part I, line 12, but not on line a	c	110,819,490
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) <input checked="" type="checkbox"/>	d2	9,662,172
	Add lines d1 and d2	d	48,809,135
e	Total revenue (Part I, line 12) Add lines c and d ►	e	120,481,662

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	149,806,627
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	132,891
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) 	b4	48,565,331
	Add lines b1 through b4		
c	Subtract line b from line a	b	48,698,226
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) 	d2	9,662,172
	Add lines d1 and d2	d	9,662,172
e	Total expenses (Part I, line 17) Add lines c and d	e	110,770,577

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes **No**

- | | | | | |
|-----|---|------------|-----|----|
| 75a | Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ►114 | | | |
| b | Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . | 75b | | No |
| c | Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" ► | 75c | Yes | |
| d | If "Yes," attach a statement that includes the information described in the instructions | | | |
| | Does the organization have a written conflict of interest policy? | 75d | Yes | |

Part V-B **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI Other Information (See the instructions.)

Yes **No**

- | | | | | |
|------------|---|------------|-----|----|
| 76 | Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change | 76 | | No |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? | 77 | | No |
| | If "Yes," attach a conformed copy of the changes | | | |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | Yes | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 78b | Yes | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | | No |
| 80a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | Yes | |
| b | If "Yes," enter the name of the organization ► See Additional Data Table _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt | | | |
| 81a | Enter direct or indirect political expenditures (See line 81 instructions) | 81a | | |
| b | Did the organization file Form 1120-POL for this year? | 81b | | No |

Part VI Other Information (continued)

	Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a Yes	
b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b 198,688	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a Yes	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b Yes	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a Yes	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b Yes	
85 <i>501(c)(4), (5), or (6) organizations.</i> a Were substantially all dues nondeductible by members?	85a No	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b No	
If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year		
c Dues assessments, and similar amounts from members	85c 92,142,201	
d Section 162(e) lobbying and political expenditures	85d 30,845,492	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e 32,853,723	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f -2,008,231	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g No	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h No	
86 <i>501(c)(7) orgs.</i> Enter a Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities	86b	
87 <i>501(c)(12) orgs.</i> Enter a Gross income from members or shareholders	87a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a Yes	
b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b Yes	
89a <i>501(c)(3) organizations</i> Enter Amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	89a	
b <i>501(c)(3) and 501(c)(4) orgs.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____ 0	89c	0
d Enter Amount of tax on line 89c, above, reimbursed by the organization ► _____	89d	
e <i>All organizations.</i> At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e	
f <i>All organizations.</i> Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f	No
g <i>For supporting organizations and sponsoring organizations maintaining donor advised funds.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	No
90a List the states with which a copy of this return is filed ► DC	90a	
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b 451	
91a The books are in care of ► Stan M Harrell	Telephone no ► (202) 463-5590	
1615 H Street NW Located at ► Washington, DC	ZIP + 4 ► 200622000	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	Yes No
If "Yes," enter the name of the foreign country ► _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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If "Yes," enter the name of the foreign country ► BE

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here ►	<input type="checkbox"/>	92
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and enter the amount of tax-exempt interest received or accrued during the tax year ►

Part VII Analysis of Income-Producing Activities (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

93 Program service revenue

a Meetings

b Miscellaneous

c Pubs and cassette sales

d Royalties

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate

a debt-financed property

b non debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue a Affiliate Admin Charges

b Advertising

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E)) ► 7,882,950

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

See Additional Data Table

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
ChamberBiz 1615 H ST NW Washington, DC20062 54-1960202	10000 00 %	Website Small Business Portal	0	0
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No**NOTE:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity			Yes	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	National Chamber Foundation 1615 H St NW Washington, DC 20062	526073268	Interest paid on loan	1,377,553	
b	US Chamber Institute for Legal Reform 1615 H St NW Washington, DC 20062	522109035	Interest paid on loan	224,851	
c	National Chamber Foundation 1615 H St NW Washington, DC 20062	526073268	Contribution to affiliate	277,428	
Totals				1,879,832	

				Yes	No
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity			Yes	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	National Chamber Foundation 1615 H St NW Washington, DC 20062	526073268	Increase of loan from affiliate	2,015,553	
b	US Chamber Institute for Legal Reform 1615 H St NW Washington, DC 20062	522109035	Increase in loan from affiliate	1,224,851	
c	US Chamber Institute for Legal Reform 1615 H St NW Washington, DC 20062	522109035	Executive and policy expense reimbursement	2,346,769	
d	US Chamber Institute for Legal Reform 1615 H St NW Washington, DC 20062	522109035	Fundraising reimbursement	1,000,000	
e	US Chamber Institute for Legal Reform 1615 H St NW Washington, DC 20062	522109035	Admin expense reimbursement	440,000	
f	National Chamber Foundation 1615 H St NW Washington, DC 20062	526073268	Reimbursement for program expenses	1,925,967	
g	National Chamber Foundation 1615 H St NW Washington, DC 20062	526073268	Reimbursement for research services	568,058	
h	National Chamber Foundation 1615 H St NW Washington, DC 20062	526073268	Reimbursement for admin services	400,000	
i	National Chamber Foundation 1615 H St NW Washington, DC 20062	526073268	Reimbursement for fundraising services	60,447	
j	Institute for a Competitive Workforce 1615 H St NW Washington, DC 20062	521677141	Reimbursement for admin services	184,216	
k	Institute for a Competitive Workforce 1615 H St NW Washington, DC 20062	521677141	Reimburse for salaries	56,000	
l	Business Civic Leadership Center 1615 H St NW Washington, DC 20062	522246743	Reimburse for admin services	90,000	
m	National Chamber Litigation Center 1615 H St NW Washington, DC 20062	521085809	Reimburse for admin services	140,000	
Totals				10,451,861	

				Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			Yes	
Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	2008-11-14	Date		

Paid Preparer's Use Only	Preparer's signature  Jennifer D Rhodenick	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 		EIN <input checked="" type="checkbox"/>	Phone no  (317) 280-3472

Form 4562

OMB No 1545-0172

2007

Attachment
Sequence No 67Department of the Treasury
Internal Revenue ServiceDepreciation and Amortization
(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return
Chamber of Commerce of the USABusiness or activity to which this form relates
Form 990 Page 2Identifying number
53-0045720**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	\$ 125,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$ 500,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
-----------------------------	------------------------------	------------------

6		
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12 ► 13	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	2,711,271

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►		

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	2,711,271
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No	24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)					25			

26 Property used more than 50% in a qualified business use

%					
%					
%					

27 Property used 50% or less in a qualified business use

%			S/L -		
%			S/L -		
%			S/L -		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
31 Total commuting miles driven during the year						
32 Total other personal(noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are **not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) A amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) A amortization for this year
42 A amortization of costs that begins during your 2007 tax year (see instructions)					

43 A amortization of costs that began before your 2007 tax year	43
44 Total. Add amounts in column (f) See the instructions for where to report	44

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Compensation Schedule

Name: Chamber of Commerce of the USA

EIN: 53-0045720

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
Mark French - Director	National Chamber Foundation	52-6073268	Affiliate with common managment	0	0	0	The National Chamber Foundation paid \$15,000 in fees to Leading Authorities, 1220 L Street NW, Washington, DC 20005 for various services provided by this individual and other support. The organization is not privy to the exact amount of the compensation paid to the individual
Mark French - Director	Chamber of Commerce of the USA	53-0045720	Affiliate with common managment	0	0	0	The Chamber of Commerce of the USA paid \$130,330 to Leading Authorities, 1220 L Street NW, Washington, DC 20005 for various services provided by this individual and other support. The organization is not privy to the exact amount of the compensation paid to the individual
Mark French - Director	Business Civic Leadership Center	52-2246743	Affiliate with common managment	0	0	0	The Business Civic Leadership Center paid \$21,639 to Leading Authorities, 1220 L Street NW, Washington, DC 20005 for various services provided by this individual and other support. The organization is not privy to the exact amount of the compensation paid to the individual
Mark French - Director	Institute for a Competitive Workforce	52-1677141	Affiliate with common managment	0	0	0	Institute for a Competitive Workforce paid \$7,500 to Leading Authorities, 1220 L Street NW, Washington, DC 20005 for various services provided by this individual and other support. The organization is not privy to the exact amount of the compensation paid to the individual

Additional Data

Software ID:

Software Version:

EIN: 53-0045720

Name: Chamber of Commerce of the USA

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Public education advertising	43a	5,299,958			
b Consulting public educationpolicy	43b	6,311,316			
c General consulting	43c	4,096,650			
d Communication Related Expenses	43d	319,065			
e Contribution to other organizations	43e	1,073,606			
f Contribution to affiliates	43f	277,428			
g Temp Salaries	43g	422,217			
h Technology services	43h	7,078,524			
i Bad Debt Expense	43i	1,346,000			

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Thomas Donohue 1615 H ST NW Washington, DC 20062	President & CEO 40 00	3,157,188	19,796	0
David Chavern 1615 H ST NW Washington, DC 20062	Executive Vice President & COO 40 00	573,520	12,599	0
Robert Josten 1615 H ST NW Washington, DC 20062	Executive VP 40 00	991,653	20,141	0
Stan Harrell 1615 H ST NW Washington, DC 20062	Sr VP CFO & CIO 40 00	317,697	22,339	0
Steven Law 1615 H ST NW Washington, DC 20062	SVP CLO Gnrl Counsel & Secretary 40 00	389,115	20,335	0
Gerald L Shaheen 1615 H ST NW Washington, DC 20062	Chair of the Executive Com 1 00	0	0	0
Paul S Speranza Jr 1615 H ST NW Washington, DC 20062	Chairman of the Board of D 1 00	0	0	0
Steve Van Andel 1615 H ST NW Washington, DC 20062	Treasurer 1 00	0	0	0
Donald J Shepard 1615 H ST NW Washington, DC 20062	Vice Chairman Board of Dir 1 00	0	0	0
Larry A Liebenow 1615 H ST NW Washington, DC 20062	Senior Council 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Jeffrey C Crowe 1615 H ST NW Washington, DC 20062	Senior Council 1 00	0	0	0
John W Bachmann 1615 H ST NW Washington, DC 20062	Senior Council 1 00	0	0	0
Maura W Donahue 1615 H ST NW Washington, DC 20062	Senior Council 1 00	0	0	0
John Amore 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Steven C Anderson 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
George L Argyros 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Linda N Awkard 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Richard H Bagger 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Thomas D Bell Jr 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Don L Blankenship 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Mark T Bobak 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
James C Carter 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
John S Chen 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
James W Cicconi 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Harry W Clark 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Edwin M Crawford 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Brian D Dailey 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Brackett B Denniston 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Brian L Derksen 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Edward B Dinan 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Thomas E Donilon 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Michael L Ducker 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Dwight H Evans 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Robert D Fatovic 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Roger W Ferguson 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Trevor Fetter 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Lynn L Franzoi 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Mark D French 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Ted R French 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Craig L Fuller 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Walter J Galvin 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Thomas A Gottschalk 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Peter T Grauer 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Shannon L Greene 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
James M Guyette 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Winthrop M Hallett III 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Cathy A Harper 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Shigeru Hayakawa 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
James A Hixon 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Jeffrey D Holley 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Scott L Holman Sr 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
John L Hopkins 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
CA Howlett 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Orrin H Ingram 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Jan L Jones 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Paul W Jones 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Fred Kaiser 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Jeff Kelly 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
David E Kepler 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Dan Kirby 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
C Virginia Kirkpatrick 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Paul J Klaassen 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Greg Lebedev 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Thomas C Leppert 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
William G Little 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Mark Loughridge 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Wes W Lucas 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Gary M Mabrey III 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Robert D MacDonald 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Michael D Maves 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Richard H McClure 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Joan McCoy 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
James W Mendenhall 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Gerard K Meuchner 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
David L Miller 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Robert S Milligan 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Ronald T Monford 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
David F Moxam 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Ernest J Mrozek 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Dennis M Nally 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Daniel P Neary 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Terry F Neimeyer 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Dennis E Nixon 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
George Nolen 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Brian O'Hara 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Fredrick D Palmer 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Rhonda J Parish 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Manuel J Perez de la Mesa 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Raymond E Pinard 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
James E Press 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
David W Raisbeck 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Larree M Renda 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Martin H Richenhagen 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
James E Rogers 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Raul R Romero 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
John Ruan III 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
James E Rutrough 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Tracy G Schmidt 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Steven R Shane 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Rajendra Singh 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Joshua I Smith 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Charles R Stamp Jr 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
David A Steinberg 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Jeffry E Sterba 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Sy Sternberg 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Harland Stonecipher 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Gary J Taylor 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Larry D Thompson 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Leon Trammell 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Frank L VanderSloot 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Steven F Walker 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
William L Walton 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Edward Wanandi 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
H Thomas Watkins 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
William P Weidner 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Ronald E Weinberg 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
James M Wordsworth 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0
Dennis R Wraase 1615 H ST NW Washington, DC 20062	Director 1 00	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
Institute for a Competitive Workforce	X	
US Chamber Institute for Legal Reform	X	
National Chamber Foundation	X	
National Chamber Litigation Center	X	
Business Civic Leadership Center	X	
Coalition for Reform	X	
Madison County Record		X

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Meetings to educate members on issues affecting the business community
93b	Other activities related to exempt purposes
93c	Publications to educate business
103a	Administrative support charges to affiliates that support the organization's exempt purpose
103a	organization's exempt purpose

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
Craig Fuller	US Chamber Institute for Legal Reform	52-2109035	Affiliate with common managment	0	0	0	The US Chamber Institute for Legal Reform paid \$157,442 in fees to APCO Worldwide, 1220 L Street NW, Washington, DC 20005 for various services provided by this individual and other support. The organization is not privy to the exact amount of the compensation paid to the individual

TY 2007 Land etc. Schedule**Name:** Chamber of Commerce of the USA**EIN:** 53-0045720

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	1,386,342		1,386,342
Building and improvements	31,224,909	21,153,714	10,071,195
Computers and software	7,048,016	6,679,276	368,740
Furniture and Equipment	3,116,944	2,190,303	926,641

TY 2007 Mortgages and Notes Payable Schedule**Name:** Chamber of Commerce of the USA**EIN:** 53-0045720**Total Mortgage Amount:** 0

Item No.	1
Lender's Name	PNC Bank
Lender's Title	
Relationship to Insider	Banker to the Chamber of Commerce of the USA
Original Amount of Loan	
Balance Due	5000000
Date of Note	2001-07
Maturity Date	
Repayment Terms	Payable on demand
Interest Rate	7.7300
Security Provided by Borrower	75 of Building Value and Capital Campaign Receivables
Purpose of Loan	Working Capital Line of Credit at Libor plus 25 1231 rate 773
Description of Lender Consideration	Cash
Consideration FMV	5000000

Item No.	2
Lender's Name	National Chamber Foundation
Lender's Title	
Relationship to Insider	Affiliate of Chamber of Commerce of the USA
Original Amount of Loan	
Balance Due	18579856
Date of Note	2003-11
Maturity Date	
Repayment Terms	Payable on demand
Interest Rate	7.7300
Security Provided by Borrower	na
Purpose of Loan	Working Capital Line of Credit at Libor plus 25 1231 rate 773
Description of Lender Consideration	Cash
Consideration FMV	18579856

Item No.	3
Lender's Name	Institute for Legal Reform
Lender's Title	
Relationship to Insider	Affiliate of Chamber of Commerce of the USA
Original Amount of Loan	
Balance Due	3485854
Date of Note	2005-03
Maturity Date	
Repayment Terms	Payable on demand
Interest Rate	7.7300
Security Provided by Borrower	na
Purpose of Loan	Working Capital Line of Credit at Libor plus 25 1231 rate 773
Description of Lender Consideration	Cash
Consideration FMV	3485854

Item No.	4
Lender's Name	Telecom Ventures
Lender's Title	
Relationship to Insider	Former business partner
Original Amount of Loan	1229096
Balance Due	62138
Date of Note	2002-04
Maturity Date	2008-03
Repayment Terms	Monthly payments of \$20,833
Interest Rate	7.0000
Security Provided by Borrower	na
Purpose of Loan	Buyout of partner interest
Description of Lender Consideration	Partnership interest
Consideration FMV	1229096

TY 2007 Other Changes in Net Assets Schedule

Name: Chamber of Commerce of the USA

EIN: 53-0045720

Description	Amount
Minimum Pension Reserve Liability Adjustment	4,409,926
Effect of Adoption of FASB Statement 158	-10,540,000
Unrealized Gain	12,820
Donated services (difference bet rev & exp in deferred rent)	65,797

TY 2007 Other Expenses Included Schedule**Name:** Chamber of Commerce of the USA**EIN:** 53-0045720

Description	Amount
Affiliated organization expense consolidated for financial statement purpose	48,227,596
Rental Expenses to line 6b on 990	337,735

**TY 2007 Other Expenses
Not Included Schedule****Name:** Chamber of Commerce of the USA**EIN:** 53-0045720

Description	Amount
Elimination entries	9,662,172

TY 2007 Other Liabilities Schedule

Name: Chamber of Commerce of the USA

EIN: 53-0045720

Description	Beginning of Year Amount	End of Year Amount
Actuarial Liabilities	36,572,191	44,665,429

TY 2007 Other Revenues Included Schedule**Name:** Chamber of Commerce of the USA**EIN:** 53-0045720

Description	Amount
Affiliated organization revenue consolidated for financial statement purpose	48,259,892
Rental expenses to line 6b on 990	337,735

**TY 2007 Other Revenues
Not Included Schedule****Name:** Chamber of Commerce of the USA**EIN:** 53-0045720

Description	Amount
Elimination entries	9,662,172

Exempt Organization Declaration and Signature for
Electronic Filing

OMB No. 1545-1879

For calendar year 2007, or tax year beginning _____, 20_____, and ending _____, 20_____.
For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

2007

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Chamber of Commerce of the USA

Employer identification number

53-0045720

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453 EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

- | | | |
|--|---|--------------------|
| 1a Form 990 check here ► <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, line 12) | 1b _____ 120481662 |
| 2a Form 990-EZ check here ► <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ► <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ► <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ► <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b _____ |

Part II Declaration of Officer

I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

Signature of officer

11/10/08

Date

SVP, CFO & CIO

Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernization e-file (MeF) Information for Authorized IRS e-file Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer	Check if self- employed	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code		<input type="checkbox"/>	<input type="checkbox"/>	81545
				EIN	
				Phone no	

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Paid Preparer's signature	Date	Check if self- employed	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	11/10/08	<input type="checkbox"/>	
				EIN
				Phone no
				317-280-3472

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form 8453-EO (2007)

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